



**MIAMI-DADE COUNTY**  
**HUMAN RESOURCES DEPARTMENT**  
**PAYROLL AND INFORMATION MANAGEMENT DIVISION**

**ESTIMATED FEES FOR PUBLIC RECORDS REQUEST**

|  |                     |                                     |   |   |                          |
|--|---------------------|-------------------------------------|---|---|--------------------------|
|  |                     |                                     | Date of Request<br>4/13/2011                        |   |                          |
| Requester's Name<br>Diana Lopez  |                     | E-mail<br>dlopez@sunshinereview.org | Phone Number  |   | Facsimile                |
| Address  |                     |                                     | City  | State   | Zip Code                 |
| <b>Explain the type of item requested:</b><br>1) Records* of all county salaries more than \$150k from January 1, 2008 to January 1, 2011.<br>2) Records of salaries from January 1, 2008 to January 1, 2011 for Board of supervisors, Mayor, County Manager, County Attorney  |                     |                                     |   |   |                          |
| <b>Explain the type of report requested:</b><br><br>4) Overtime paid out to retiring personnel from January 1, 2008 to January 1, 2011.  |                     |                                     | <b>Fields required on the report:</b>               |   |                          |
|  |                     |                                     | <input checked="" type="checkbox"/> Department Name | <input type="checkbox"/> Job Title                | <input type="checkbox"/> |
|  |                     |                                     | <input checked="" type="checkbox"/> Last Name       | <input type="checkbox"/> Biweekly Rate            | <input type="checkbox"/> |
|  |                     |                                     | <input checked="" type="checkbox"/> First Name      | <input checked="" type="checkbox"/> Annual Salary | <input type="checkbox"/> |
|  |                     |                                     | <input type="checkbox"/> Employee ID                | <input type="checkbox"/>                          | <input type="checkbox"/> |
| <b>Miami-Dade County Administrative Order (AO) 4-48 dictates fees as follows:</b><br>Any labor requiring 20 minutes or more for the assembly, retrieval or copying of the material in question, including extensive computer programming or operation, and/or active participation, of clerical or supervisory staff. *Include fringe benefits as provided for in AO 4-48. |                     |                                     |   |   |                          |
| <b>Quantity &amp; Cost</b>   |                     |                                     |   |   |                          |
| Number of Single-Sided Copies _____  |                     | X \$ 0.15                           | =   | <input type="text"/>                              |                          |
| Minimum Charge for Report \$75.00  |                     |                                     | =   | <input type="text"/>                              |                          |
| Report on Compact Disc \$12.00   |                     |                                     | =   | <input type="text"/>                              |                          |
| <b>Labor Cost</b>  |                     |                                     |   |   |                          |
| <u>Task</u>  | <u>No. of Hours</u> |                                     | <u>Hourly Rate*</u>                                 | =   |                          |
| IT Report  | 4                   | X                                   | \$150.00  | =   | \$600.00                 |
| HR Review  | 4                   | X                                   | \$30.00   | =   | \$120.00                 |
|  |                     | X                                   |   | =   | <input type="text"/>     |
| Priority Mailing Charge of \$5.65 for Shipping of Documents  |                     |                                     | =   | <input type="text"/>                              |                          |
| <b>Total Estimated Amount</b>  |                     |                                     | =   | <b>\$720.00</b>                                   |                          |
| I agree to pay the above estimated amounts, including any undetermined amounts as a direct result of additional labor or copies. My signature below authorizes Miami-Dade County, Human Resources to proceed with the Public Records Request.  |                     |                                     |   |   |                          |
| <b>THIS IS NOT A BILL, ONLY AN ESTIMATE. (Please sign approval of estimated costs to proceed with this request). Invoice will follow upon completion of request.</b>   |                     |                                     |   |   |                          |
| Signature  |                     |                                     |   |   | Date                     |
|  |                     |                                     |   |   |                          |



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|   |              |   | Date of Request<br>4/13/2011           |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|---|--------------|---|--|---|------|--------------|--------------|--|--|--------------|---------|-------|---|---|--------|---------|-------|---|--|-------|---------|-------|---|----------------------|---|--|--|---|----------------------|-------------------------------|--|--|---|--|-----------|------|--|--|
| Requester's Name<br>Diana Lopez   |              | E-mail<br>dlopez@sunshinereview.org                 | Phone Number                           |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Facsimile   |              |   |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Address   |              | City  | State                                  | Zip Code                                |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Explain the type of item requested:<br><br>See attached   |              |   |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Explain the type of report requested:<br><br>This estimate pertains solely to item #5, County cell phone use from January 1, 2008 to January 1, 2011.   |              | Fields required on the report:                      |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|   |              | <input checked="" type="checkbox"/> Department Name | <input type="checkbox"/> Job Title     | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|   |              | <input checked="" type="checkbox"/> Last Name       | <input type="checkbox"/> Biweekly Rate | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|   |              | <input checked="" type="checkbox"/> First Name      | <input type="checkbox"/> Annual Salary | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|   |              | <input type="checkbox"/> Employee ID                | <input type="text"/>                   | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| <p>Miami-Dade County Administrative Order (AO) 4-48 dictates fees as follows:<br/>         Any labor requiring 20 minutes or more for the assembly, retrieval or copying of the material in question, including extensive computer programming or operation, and/or active participation, of clerical or supervisory staff. *Include fringe benefits as provided for in AO 4-48.</p> <p><b>Quantity &amp; Cost</b></p> <p>Number of Single-Sided Copies _____ X \$ 0.15 = <input type="text"/></p> <p>Minimum Charge for Report \$75.00 = <input type="text"/></p> <p>Report on Compact Disc \$12.00 = <input type="text"/></p> <p><b>Labor Cost</b></p> <table style="width:100%;"> <thead> <tr> <th>Task</th> <th>No. of Hours</th> <th>Hourly Rate*</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>IT Run of #5</td> <td>_____ X</td> <td>_____</td> <td>=</td> <td><input type="text" value="\$1,204.80"/></td> </tr> <tr> <td>Police</td> <td>_____ X</td> <td>_____</td> <td>=</td> <td><input type="text" value="21,341.24"/></td> </tr> <tr> <td>_____</td> <td>_____ X</td> <td>_____</td> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td>Priority Mailing Charge of \$5.65 for Shipping of Documents</td> <td></td> <td></td> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td><b>Total Estimated Amount</b></td> <td></td> <td></td> <td>=</td> <td><input type="text" value="22,546.04"/></td> </tr> </tbody> </table> <p>I agree to pay the above estimated amounts, including any undetermined amounts as a direct result of additional labor or copies. My signature below authorizes Miami-Dade County, Human Resources to proceed with the Public Records Request.</p> <p><b>THIS IS NOT A BILL, ONLY AN ESTIMATE. (Please sign approval of estimated costs to proceed with this request). Invoice will follow upon completion of request.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Signature</td> <td style="width:20%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> |              |   |  |   | Task | No. of Hours | Hourly Rate* |  |  | IT Run of #5 | _____ X | _____ | = | <input type="text" value="\$1,204.80"/> | Police | _____ X | _____ | = | <input type="text" value="21,341.24"/> | _____ | _____ X | _____ | = | <input type="text"/> | Priority Mailing Charge of \$5.65 for Shipping of Documents |  |  | = | <input type="text"/> | <b>Total Estimated Amount</b> |  |  | = | <input type="text" value="22,546.04"/> | Signature | Date |  |  |
| Task  | No. of Hours | Hourly Rate*  |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| IT Run of #5  | _____ X      | _____   | =                                      | <input type="text" value="\$1,204.80"/> |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Police  | _____ X      | _____   | =                                      | <input type="text" value="21,341.24"/>  |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| _____   | _____ X      | _____   | =                                      | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Priority Mailing Charge of \$5.65 for Shipping of Documents   |              |   | =                                      | <input type="text"/>                    |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| <b>Total Estimated Amount</b>   |              |   | =                                      | <input type="text" value="22,546.04"/>  |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
| Signature   | Date         |   |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |
|   |              |   |  |   |      |              |              |  |  |              |         |       |   |   |        |         |       |   |  |       |         |       |   |                      |   |  |  |   |                      |                               |  |  |   |  |           |      |  |  |



Diana Lopez &lt;diana.lopez.liberty@gmail.com&gt;

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## Send data from 3Toshiba455 04/25/2011 10:51

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Diana Lopez &lt;dlopez@sunshinereview.org&gt;

Tue, Jun 7, 2011 at 1:14 PM

To: "McLean, Melanie (HR)" &lt;MELANIE@miamidade.gov&gt;

Ms. McLean, two weeks ago I sent the following, which you can find in the e-mail history:

"

- **Number 1, 2, 4:** We are a nonprofit that is using the information for public education. Please consider waiving, or considerably reducing, the amount for this request.
- **Number 5:** Regarding cell phones. I am looking for number of cell phones total. Also, a copy of any policy that regards compensation for cell phones or cell phones issued by the county. This, I understand, is less than the scope of what my original request suggested.
- **Number 6:** Similar to number 5, I am looking for a total number of take home, county-issued cars. Also, a copy of any policy that regards reimbursement for mileage and use of county-issued take home cars. If the county isn't able to provide all of the years I ask for, please state this in writing and please provide what is available."

How else may I help clarify item number 6?

-Diana

[Quoted text hidden]

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Diana Lopez

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